

BEST AVAILABLE COPY

POSITION	ID NO.	DR.
CLASSIFIER	18	11/8/94
EXAMINER	122	7-26
TYPIST	354	3/7
VERIFIER	357	02/17/95
CORPS CORR.		
SPEC. HAND	437	1-23-95
FILE MAINT.	442	7/27/94
DRAFTING		

INDEX OF CLAIMS

Claim	Date
1	Original
2	1/11/94
3	1/11/94
4	1/11/94
5	1/11/94
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50	1/11/94

Claim	Date
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SYMBOLS  
 ✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected